

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION  
**TRAVEL EXPENSE CLAIM**  
 STD. 262 (REV. 7/2005)

See Instructions and \*Privacy  
 Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT		
POSITION President			CB/D No.			DIVISION or BUREAU		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105		
CITY [REDACTED]			STATE [REDACTED]			ZIP CODE [REDACTED]		
CITY San Francisco,			STATE CA			ZIP CODE 94107		

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE    TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
31	5:46	San Francisco/Washington, DC	242.65					90.00	T		28	14.28		346.93
1	23:31	Washington, DC/San Francisco				15.15		90.00	T	40.00	28	14.28		159.43
														0.00
														0.00
														0.00
														0.00
														0.00
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														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			242.65	0.00	0.00	15.15	0.00	180.00		40.00	56	28.56	0.00	506.36
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

506.36

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

May 31 to June 1, 2011 - Travel to and from Washington, DC for ARM/NIST Workshop on Developing Potency Testing Standards and Practices

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.51

AGENCY ACCOUNTING OFFICE  
 USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

6/22/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

22 June 2011

(17) TITLE (See Item 17 on reverse)

DATE